

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-1-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 36489 and 36620 rendered on 4-17-03.

II. FINDINGS

1. The requestor billed \$420.00 for the disputed anesthesia service.
2. The respondent paid \$0.00 based upon "N – Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes' value per Rule 133.301(B). A revised CPT code or documentation to support the service billed may be submitted."
3. Total amount in dispute per TWCC-60 is \$263.00.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-17-03	36489	\$240.00	\$0.00	N	\$152.00	Anesthesia GR (I)(A)(B)(1-4),	Anesthesia GR (I)(A) states, "Anesthesia care may include but is not limited to general, regional, or monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care...during any procedure. Anesthesia GR (I)(B)(1) defines the Basic value as:" This is the relative value of all usual anesthesia services except the time actively spent in anesthesia care and the modifying factors. The basic value includes the pre-operative and post-operative visits, the anesthesia care during the duration of the procedure, the administration of fluids and/or blood, including use of cell-saver,

							and the usual monitoring services...” 36489 -Placement of central venous catheter (subclavian, jugular, or other vein)(eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy) percutaneous, over age 2. The requestor’s anesthesia report supports delivery of service. Reimbursement of \$152.00 is recommended.
4-17-03	36620	\$180.00	\$0.00	N	\$111.00	CPT Code Descriptor	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure), percutaneous. The requestor’s anesthesia report supports delivery of service. Reimbursement of \$111.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 36489 and 36620, in the amount of **\$263.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$263.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division